Managed Risk Medical Insurance Board
July 17, 2013, Public Session

Board Members Present:	Clifford Allenby, Chairperson Ellen Wu Samuel Garrison
Ex Officio Members Present:	Robert Ducay, Designee for California Health and Human Services Agency
Staff Present:	Terresa Krum, Chief Deputy Director Laura Rosenthal, Chief Counsel, Legal Tony Lee, Deputy Director, Administration Ernesto Sanchez, Deputy Director, Eligibility, Enrollment & Marketing Ellen Badley, Deputy Director, Benefits & Quality Monitoring Morgan Staines, Senior Counsel, Legal Jenny Phillips, Staff Counsel, Legal Rebecca Dietzen, Senior Counsel, Legal Carmen Fisher, Associate Governmental Program Analyst, Legal Loressa Hon, Manager, Administration Laurie Herrera, Manager, Administration Jordan Espey, Manager, Legislative & External Affairs Carol Massey-M^{c}Cants, Manager, Eligibility, Enrollment & Marketing Lilia Coleman, Manager, Benefits & Quality Monitoring Juanita Vaca, RAII, Benefits & Quality Monitoring Maria Angel Garcia, Executive Assistant to the Board and the Executive Director Erika Miranda, Board Assistant
Also Present:	René Mollow, Deputy Director, Health Care Benefits & Eligibility, California Department of Health Care Services
Public Comment:	Elizabeth Abbott, Health Access

Chairman Allenby called the meeting to order at 11:00 a.m.

Laura Rosenthal acknowledged Jenny Phillips, MRMIB's privacy expert in the legal office, and thanked her for her excellent work as she leaves for a position at the Department of Managed Health Care.

Chairman Allenby wished Ms. Phillips well in her new position.

Chairman Allenby also announced that this was the first Board meeting where a representative from the Business, Transportation and Housing Agency was not present, because the BT&H Agency no longer exists.

REVIEW AND APPROVAL OF MINUTES OF MAY 29 AND JUNE 12, 2013 PUBLIC SESSIONS

The minutes of both the May 29, 2013 and June 12, 2012 public sessions were approved as submitted.

The May 29, 2013, Public Minutes are located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/Agenda_Item_3_Public_Minutes_5-29-13_FINAL.pdf

The June 12, 2013 Public Minutes are located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/Agenda_Item%203_Public_Minutes_6-12-13_FINAL.pdf

STATE BUDGET UPDATE

A State Budget Update was not presented to the Board.

TRANSITION OF THE HEALTHY FAMILIES SUBSCRIBERS TO THE MEDI-CAL PROGRAM

Call Center Report

Terresa Krum reported on Agenda Item 5.a, the Call Center Report. She said the report reflected ongoing monthly call volume. No new subscribers transitioned during the past month and call volumes declined along with HFP enrollment.

The Call Center Report can be found here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/5.a._HFP_Transition_Call_Center_Report.pdf

Transition versus Disenrollment Statistics

Ms. Krum reported on Agenda Item 5.b, the Transition versus Disenrollment Statistics report. With no new transition in the previous month, the chart reflects normal disenrollment for a variety of reasons, such as nonpayment, disenrollment per the member's request and ineligibility for reasons such as income.
The Transition versus Disenrollment Statistics document is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/5.b._HFP_Transition_vs._Disenrollment_Statistics.pdf

Healthy Families Program Transition to Medi-Cal Monitoring Report and Summary May 15 and June 15, 2013 – Phase 1C and Phase 2

Ms. Krum reported on Agenda Item 5.c, the Healthy Families Program Transition to Medi-Cal Monitoring Report and Summary May 15 and June 15, 2013 – Phase 1C and Phase 2.

For the portion of Phase 1C which occurred on April 1, a total of 99.24 percent of transitioned subscribers were able to maintain their existing plan and 85.19 percent of that group was able to maintain their primary care provider. For Phase 2, which occurred on April 1, a total of 99.48 percent maintained their existing plan and 79.33 percent of that group maintained their primary care physician. For the portion of Phase 1C which occurred on May 1, a total of 99.73 percent of subscribers maintained their existing plan and 73 percent maintained their current primary care physician.

For dental services, only 52 percent of the active dental service providers in Medi-Cal were accepting referrals; Ms. Krum said that this was a concern. However, Medi-Cal was able to enroll a total of 265 new providers during May and June. At the same time, a total of 131 dental providers left Medi-Cal for a net gain of 134 providers.

There was an increase in call volume at Medi-Cal regarding dental services. Approximately 9,000 callers requested dental referrals and 87 percent of those calls, when followed by a warm transfer, resulted in appointments.

A total of 644 transitioned subscribers accessed Medi-Cal mental health services in April and 416 in May. This may be slightly under-reported because providers have 12 months from the date of service to submit a claim, and the Department of Health Care Services has been monitoring this portion of the program through submitted claims.

The reports on the Healthy Families Transition to Medi-Cal are both located here: http://www.mrmib.ca.gov/MRMIB/Agenda_item5cJuly17_13.html

Other HFP Transition Issues

Ms. Krum reported on Agenda Item 5.e.i, the DMHC Network Adequacy Report for Phase 3, which included transition from HFP managed care to Medi-Cal Managed Care, where there is no plan match. This transition phase is scheduled for August 1. DMHC has indicated that the network appears adequate.

Ms. Krum also reported on Agenda Item 5.e.ii, an announcement by DHCS that Phase 4 will be split into two phases. Phase 4A will go on as planned for September 1, in counties where there is a county-organized health system available. Phase 4B will be delayed until November 1, and will include 20 counties.

Agenda Item 5.e.iii is the DHCS Beneficiary Survey for Phases 1C and 2. The same methodology was used for this survey as was used for Phase 1B, which includes expanding the survey hours so calls took place between 8:00 a.m. and 8:00 p.m., to offer a better chance of reaching transitioned subscribers. A total of 5,000 newly transitioned subscribers were called. Of those, 3,769 calls, or 75 percent, went to a wrong or disconnected number, or were unanswered. Thus, the survey was based on only 568 of the subscribers who were reached and responded to survey questions. This accounts for 11 percent of the total number of subjects, leading to concerns that this was not a statistically significant number of responses upon which to draw conclusions.

Additionally, of those calls where subjects did answer the survey questions, only half reported trying to receive Medi-Cal services since the transition. Additionally, Ms. Krum noted that, because the survey was conducted during the month of May, suggestions made at the June 12 Board meeting were not incorporated because the survey was already in progress.

Ms. Krum said that MRMIB staff would continue to recommend that subscribers who have sought specialized services, such as mental health and alcohol or drug treatment, through Medi-Cal be targeted in future beneficiary surveys.

Agenda Item 5.e.iv is the schedule of subscriber notices for the remaining transition phases.

Chairman Allenby asked if there were any questions or comments from the Board or audience.

Beth Abbott complimented DHCS, MRMIB, DMHC and others involved in the transition for breaking down Phase 4 into two transition groups and described it as a prudent course of action. She said she remained concerned about continuity of care because there is the greatest misalignment between primary care physicians and plans, and unfamiliarity with managed care, in some rural counties. Ms. Abbott asked what changes were made to the subscriber transition notice to advise people of the continuity of care provisions for Phase 4.

She said advocates continue to believe that continuity of care is a very important protection for consumers, and that notices sent to date have not included that information or the information was so brief as to be unclear. Ms. Abbott said that, if she could not understand the notice, it would be difficult to understand for a family that is trying to figure out what to do for a child in the middle of a course of treatment. She asked Rene Mollow to explain what revisions were made to the notice for Phase 4A and B to alert people to this consumer protection.

Ms. Mollow said that she had not yet seen the changes; she indicated that she knew changes were to be made to the notice, based on stakeholder input and input from the Centers for Medicare and Medicaid Services, and that she would follow up and provide the information to the Board. She said she knew that notices were being sent out and that DHCS staff were going to make some changes to the notices to make them clearer regarding continuity of care.

Ms. Abbott cautioned that, because there had been few to no complaints in earlier phases of the transition, this does not necessarily mean there will not be problems in later phases. She said advising consumers about continuity of care is absolutely essential and that, in her experience, people do not avail themselves of protections if they do not know about them. She said that such a transition can be very disruptive to people who are not familiar with managed care and not wildly enthusiastic about the transition. She encouraged Ms. Mollow to incorporate language about continuity of care in notices to the transitioned families. She suggested that, if notices have already been sent, Ms. Mollow look at feedback and problems encountered so that adjustments can be made for Phase 4B.

Ms. Abbott said she was in a recent meeting with Katie Johnson of the California Health and Human Services Agency regarding the transition and came away with the impression that DHCS staff working on mental health and substance abuse had done a remarkably good job of ensuring there were satisfactory numbers of provider panels to deal with subscriber substance abuse and mental health needs. She said that, while DHCS is doing many of the right things, she remains unsatisfied regarding continuity of care and said she will continue to talk about it until the problem is resolved.

Ms. Mollow said she appreciated Ms. Abbott's feedback. She said she was aware of ongoing meetings between DHCS staff and its health plans, and said more work was being done to get more direct connections with provider groups because of concerns raised regarding communication with health plans versus providers. Ms. Mollow said she would be conducting a webinar the following day with the California Medical Association to start engaging with physicians and sharing information about Medi-Cal to get them more engaged about the transition and other changes. She said an FAQ was developed specifically for primary care providers to help better inform them about the transition, the changes and some things they may expect to see when people present in their offices.

The documents for Other HFP Transition Issues are all located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_item5eJuly17_13.html
Questions and Answers with Department of Health Care Services Representative

Ms. Mollow said she appreciated the monthly opportunity to attend the Board meeting and present information on the transition. She said she also appreciates the feedback from Ms. Abbott and others on the transition; she said the reporting requirements continue to be a significant undertaking and said that staff has been doing their best to address concerns raised to them about individual cases.

Ms. Mollow said that DHCS is doing its best to address concerns about eligibility or access issues and about the number of persons who respond to the Beneficiary Surveys. She said staff was looking into incorporating some suggestions made at the last Board meeting; these could not be made earlier because of timing issues. She said DHCS was working closely with CMS to obtain approval for the Phase 3 transition. The monitoring report for July was just released, a day late, and is part of the information CMS will use in giving its approval for the next transition phase.

Ms. Mollow reported that DHCS recently received feedback from CMS on its evaluation plan, which will be posted to the DHCS website, along with the revisions staff will be making to the evaluation plan; which is required for the transition as part of the special terms and conditions.

Chairman Allenby asked if there were any questions or comments from the Board or the audience.

Ellen Wu said it had recently come to her attention that children who were seeking care from Medi-Cal had a share-of-cost obligation. Ms. Mollow said many former HFP children were "coded" in an online system as having a Medi-Cal share of cost. She said that, when those cases are reported to Medi-Cal, staff asks the health plans to make sure subscribers understand that they are not in share-of-cost Medi-Cal and the child is moved into a different "code" that indicates they are in the Targeted Low Income Children's Program. She asked that these situations be brought to Medi-Cal's attention so they can be resolved with the health plans and the counties by switching aid codes in a timely manner so that these children can gain access to services.

Ms. Krum asked whether all children received the same card, and whether the difference arises when the provider's office keys in the child's information. Ms. Mollow said that this was correct. Ms. Krum asked whether this meant the child did not need a new card. Ms. Mollow said that this also was correct.

Ms. Wu asked whether it was possible for DHCS to conduct a database search for all share-of-cost aid codes that might not be accurate and change them proactively in the MEDs online system so that they do not pop up in the computer when the child presents for services. Ms. Mollow said she believed that was an approach taken by Los Angeles County in dealing with this issue. She said the change in aid code was taking place at the time of transition, but she did not know whether other counties have done the same thing. She indicated that this was an issue on which DHCS staff provided technical assistance to the counties.

EXTERNAL AFFAIRS UPDATE

Jordan Espey reported on Agenda Item 6, the External Affairs Update. Media inquiries since the last Board meeting were from *KNBC TV* in Los Angeles, *KQED Radio* in San Francisco, *California Healthline*, the *Sacramento Business Journal*, and *Speak City Heights*, an online news outlet in San Diego. Media queries were on the topics of the transition of HFP children to Medi-Cal, the transition of California PCIP subscribers to the federally-administered PCIP, how risk pools would fare at the end of 2013 and retention rates among Healthy Family subscribers. Mr. Espey indicated that staff had provided a representative sample of generated media generated to the Board.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The External Affairs Update is located at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/Agenda_Item_6_071713_Meeting.pdf

STATE LEGISLATION

Mr. Espey reported on Agenda Item 7, State Legislation. One bill was added to the report since the last Board meeting. This was AB 1180, which would sunset the state subsidy for the Guarantee Issue Pilot Project. Additionally, several bills were amended since the last meeting and are described in the report.

He noted that ABX1-1 and SBX1-1, the Special Session Medi-Cal bills, were signed by the Governor since the last Board meeting, as was SBX1-3, the Special Session bill regarding the bridge plans, concluding the business of the Special Session. One additional Special Session bill, ABX1-4, did not pass prior to the close of the Special Session and will no longer be reported.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The State Legislation Report can be found here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/Agenda_Item_7_Legislative_Summary_7-17-2013.pdf

PRE-EXISTING CONDITION INSURANCE PLAN (PCIP) UPDATE

Update on Transition of California PCIP Subscribers to Federally-Administered PCIP

Ernesto Sanchez reported on Agenda Item 8.a, Update on Transition of California PCIP Subscribers to the Federally-Administered PCIP. Mr. Sanchez provided information on the electronic application with insert and errata sheet that includes information about the transition of the California PCIP program to the federally-administered program; he also reported on updated call center scripts for use by the administrative vendor, the third-party administrator and the Department of Managed Health Care hotline. He also indicated that staff had provided a specialty service report on pending transplants, specialty prescriptions, subscriber hospitalizations and subscribers in long-term or rehabilitative care.

Additionally, both the PCIP administrative vendor and the third party administrator implemented warm transfers of callers to the federal telephone lines .He indicated that CA PCIP has received some premium payments meant for the federally-administered program and has worked collaboratively with the federal government to transition those premium payments for transitioned subscribers. MRMIB staff also provided the federal program with information on births tracked by the California PCIP. California sent transitioning subscribers a final notice on July 1; this notice included a certificate of credible coverage.

MRMIB continues to receive updates from the federal program and in turn updates the scripts for California PCIP call centers and DMHC. MRMIB is using social media updates to advise that the transition occurred and that California PCIP no longer has subscribers.

Chairman Allenby asked if there were any questions or comments from the Board or the audience.

Ms. Wu asked whether MRMIB would be able to track out-of-pocket costs for former California subscribers in the federal program. Laura Rosenthal said that these subscribers were now enrolled in the federal program, which has its own benefit levels, and that MRMIB would not be receiving information by subscriber. Ms. Krum said that MRMIB staff could ask the federal program for this information, but that it is possible it will not be provided. She noted that MRMIB staff has not been informed yet how many former California subscribers enrolled in the federal program.

Mr. Sanchez said federal program officials indicated they would begin developing enrollment reports by state in September. He said current data for the federal program only goes through March of 2013.

The documents on the Update on Transition of California PCIP Subscribers to Federally-Administered PCIP are all located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/8.a._Update_on_Transition_of_Ca_PCIP_Subscribers_to_Federally_Administered_PCIP.pdf

Enrollment Report

Mr. Sanchez reported on Agenda Item 8.b, the PCIP Enrollment Report. The report ending June 30 showed the end of the California program's coverage period. Slightly more than 16,000 were enrolled at that time and, in total, 23,000 subscribers were served during the life of the program. He said no subscribers remained in the program. There were no major changes in program demographics for June.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The PCIP Enrollment Report is located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/8.b._PCIP_Enrollment_Report.pdf

Administrative Vendor Performance Report

Mr. Sanchez reported on Agenda Item 8.c, the Administrative Vendor Performance Report. Through the life of the program, the administrative vendor met all required standards for processing applications, eligibility determinations, follow-up with forwarding applications, appeal processing, data transmissions and customer service toll-free line performance. Additionally, the administrative vendor met all quality and accuracy standards for eligibility determinations, processing applications, processing appeals and making and sending transmissions.

Chairman Allenby asked if there were any questions or comments from the Board or the audience.

Robert Ducay asked whether the federal program was taking new enrollment, given that it had asked the California program to close to new enrollment in the

past. Mr. Sanchez said that the only exception to no new enrollments is for a PCIP subscriber who moves from one state to another. Ms. Krum noted that the federal program closed to new enrollment before state programs did because the contract with their provider allowed them to do so sooner.

The PCIP Administrative Vendor Performance Report is located here: http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/8.c._PCIP_Admin_Vendor_Performance_Report.pdf

Third Party Administrator Performance Report

Ellen Badley reported on Agenda Item 8.d, the PCIP Third Party Administrator Performance Report for June 2013. The TPA met performance standards for medical and claims processing; processing subscriber health care service appeals; customer service and independent external review.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The PCIP Third Party Administrator Performance Report is located here: http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/agenda_item_8.d_PCIP_TPA_Performance_Report.pdf

MAJOR RISK MEDICAL INSURANCE PROGRAM (MRMIP) UPDATE

Enrollment Report

Mr. Sanchez reported on Agenda Item 9.a, the MRMIP Enrollment Report. A total of 248 new subscribers were enrolled in June, bringing total enrollment to slightly less than 6,400. Over the last three months, an average of 190 new subscribers enrolled per month. He said staff believes the program will be able to continue to accept new enrollment with its cap of 7,500. The cap will be reviewed next month. The Enrollment Report showed that 22 applicants were in deferred enrollment status, and no major changes were reported in plan enrollment trends. The 50 to 64-year age group continued to be the largest category and 56 percent of all subscribers are female.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The MRMIP Enrollment Report is located here: http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/9.a._MRMIP_Enrollment_Report.pdf

Administrative Vendor Performance Report

Mr. Sanchez reported on Agenda Item 9.b, the MRMIP Administrative Vendor Performance Report. The administrative vendor met all performance standards for eligibility determinations and toll-free line standards.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The MRMIP Administrative Vendor Performance Report is located here: http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/9.b._MRMIP_Admin_Vendor_Performance_Report.pdf

Authorization for Administrative Vendor and Health Plan Contract Amendments and Extensions

Chairman Allenby said a motion was needed to adopt the resolution included in Agenda Item 9.c, authorizing extension of MRMIP health plan and state supported service agreements. Sam Garrison made the motion, which was seconded by Ms. Wu. The motion was unanimously adopted.

The Resolution Authorizing Contract Amendments and Extensions can be found here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/agenda_item_9.c_MRMIP_Contract_Extensions.pdf
Other Program Updates

No Other Program Updates were presented to the Board.

HEALTHCARE REFORM UNDER THE AFFORDABLE CARE ACT

No report on Healthcare Reform Under the Affordable Care Act was presented to the Board.

HEALTHY FAMILIES PROGRAM (HFP) UPDATE

Enrollment Report

Mr. Sanchez reported on Agenda Item 11.a, the HFP Enrollment Report. He said that, at the end of June 2013, slightly more than 148,000 children were enrolled. There were 223 new subscribers; these were Access for Infants and Mothers program-linked infants. Enrollment in the top five counties accounted for approximately 38 percent of total enrollment. He noted that staff have tracked disenrollment by reason for the last several months.

In general, top reasons for disenrollment were the 1931b screening process, enrollment in no-cost Medi-Cal and failure to submit the Annual Eligibility Review packet to continue coverage. In all, total disenrollments for the month accounted for approximately 12,000 subscribers, and the number will actually be less because of the normal monthly “sweep” that may capture payments that were subsequently made, resulting in reinstatements.

Chairman Allenby asked if there were any questions or comments from the Board or the audience.

Mr. Garrison asked if the new AIM-linked infant subscribers were within any specific income level. Mr. Sanchez said the number included all AIM-linked infants.

The HFP Enrollment Report is located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/11.a._HFP_Enrollment_Report.pdf

Administrative Vendor Performance Report

Mr. Sanchez reported on Agenda Item 11.b, the HFP Administrative Vendor Performance Report. For June 2013, the administrative vendor met all requirements for processing appeals, data transmissions and for the toll-free line standards. Additionally, the vendor met all requirements for quality and accuracy of performance standards for eligibility determinations at AER, adjudicating appeals and transmission of electronic data to plan partners.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The HFP Administrative Vendor Performance Report is located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/11.b._HFP_Admin_Vendor_Performance_Report.pdf

2011-12 Mental Health Utilization Report

Ms. Badley reported on Agenda Item 11.c, the 2011-12 Mental Health Utilization Report. The report presents information on mental health services provided to HFP children during the 2011-2012 benefit year, including services provided by both HFP health plans and county health departments to children with a Serious Emotional Disturbance, or SED condition. Ms. Badley explained the division or responsibility between HFP health plans and county mental health departments for SED conditions.

Ms. Badley indicated that the report draws on two different sources of data:

- The number of children who receive mental health services, collected annually from HFP health plans; and
- The number of children who received county SED services, reported by DHCS and billed to HFP.

The 2011-12 Mental Health Utilization Report takes these two sources of data and attempts to merge them into a more complete picture of service utilization for HFP children. Key findings for 2011 and 2012 are the following:

- Overall, plans provided mental health services to approximately 3.6 percent of enrolled subscribers, as compared to 2.8 percent during 2010-11.
- Seven plans provided services to more than 3 percent of their HFP children, an improvement over the prior year when only four plans exceeded 3 percent.
- During the reporting period, 3,208 subscribers were referred to county mental health departments for an assessment of an SED condition, a significant increase over the previous year, when there were only 2,170 referred subscribers.

- County mental health departments also approved 79 percent of the referrals, which is an increase of last year's rate of 73.3.
- Total expenditures for children receiving treatment for an SED condition increased slightly from $29 million in the prior year to $31 million.

In preparing this report, staff also examined the need for alcohol or drug treatment, since this often goes together with the need for mental health services. A recent report from the Technical Assistance Collaborative Human Services Research Institute on the prevalence of SED and substance abuse disorders estimates that 7.56 percent of children aged 0 to 17 needed treatment for an SED condition and about 9 percent for substance abuse.

Ms. Badley expressed concern that the caseload for HFP subscribers was only about 1 percent, a number which show there continues to be under-treatment of mental health disorders in children.

She indicated that, for the first time, the report contained data on autism spectrum disorders, or ASD, which is a group of neurodevelopmental disorders usually diagnosed in young children. The U.S. Centers for Disease Control recently estimated that 1 percent of children aged 3 to 17 have a current diagnosis of autism or ASD spectrum disorder. Based on this estimate, it could be extrapolated that as many as 9,000 HFP subscribers may have had an ASD during the 2011-12 benefit year.

In preparation for this year's Mental Health Report, staff queried the HFP encounter database to assess the number of subscribers who had received services with a diagnosis of ASD. While the database remains incomplete, in 2012 HFP plans reported approximately 1,500 subscribers with an encounter that included an ASD diagnosis. However, because of the HFP to Medi-Cal transition, the database remains incomplete and the actual number of children that received an ASD-related service could not be accurately determined.

Ms. Badley said that, since this year's mental health report was the last one that would be developed, it also includes sections on lessons learned and recommendations for the benefit of policymakers and other state programs.

She noted that low utilization rates for mental health and substance abuse services have been a long-standing concern to the Board. MRMIB strategies for addressing low utilization rates were informed by experts in mental health and substance abuse who participated in the HFP Advisory Panel, a separate advisory committee on quality for HFP and a mental health workgroup comprised of representatives from plans, county mental health departments, the Department of Mental Health, and now the Department of Health Care Services. MRMIB recommends that policymakers and other state programs implement similar advisory groups including subject matter experts and subscriber families to assist in the development of quality improvement strategies and outreach efforts.

Ms. Badley stated that the challenge of navigating multiple systems may be daunting to many families and could likely drive under-utilization of mental health

services. Carving out services in a segregated approach is not client-centered, efficient or accountable and over the years MRMIB staff has found it challenging to monitor and report on the effectiveness of the system, given the bifurcated responsibility for service delivery between health plans and county mental health departments.

In conclusion, Ms. Badley said HFP plans and county mental health departments both showed continued improvement in addressing the mental health needs of HFP subscribers in the year reported over the prior year. However, in light of research estimates of need, there clearly continues to be a wide gap and many children who likely need and should receive this care are going without care. Without further research, it is unclear whether the gap is attributable to limited access to services, cultural, language or other societal stigmas against mental health treatment.

Ms. Wu asked about county mental health departments' approval rate of SED service referrals by HFP health plans. Ms. Badley said 79 percent were approved. Ms. Wu asked whether the counties provided reasons for denial of these services. Ms. Badley said that this information was not included in the report.

Chairman Allenby said that the approval or denial rate would not necessarily be comparable to that for the population served by the county.

Ms. Rosenthal said that, under the statutory and contractual carve-out scheme, plans refer children who may have an SED but this does not mean that everyone referred by the plans has an SED.

Chairman Allenby said that another related factor was the recent transfer of 3,632 SED children from the counties to school districts. Ms. Badley added that there are other referral sources besides health plans, such as law enforcement and schools.

Chairman Allenby asked if there were further questions or comments.

Ms. Abbott said that, while this was the last Mental Health Utilization Report for HFP, provision of mental health services remains a significant issue. She noted that DMHC has recently completed some close monitoring of health plans and reported finding some biases against providing mental health services, even by some of the top performing plans. And these plans were assessed a very serious financial penalty. She said the carve-out portion of mental health services make it nearly impossible for HFP families and clients to navigate the process.

Ms. Abbott also said that mental health is not something that is going well [in the transition] and that many families do not receive these services. She urged the California Health and Human Services Agency to be mindful of this as they, DHCS and DMHC oversee the transition. Ms. Abbott said she thought a substantial financial penalty for a health plan based, in part, on timely access to mental health services, would be cautionary for all plans and would highlight how much more streamlined and consumer-centric this area should be.

The 2011-12 Mental Health Utilization Report is located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/agenda_item_11.c_2013_Mental_Health_Utilization_Report_Final.pdf

Authorization for Health Plan and State Supported Services Contract Amendments and Extensions

Chairman Allenby indicated that the Board voted in closed session to authorize dental and vision contracts. He said a motion was needed to approve the resolution included in Agenda Item 11.d, authorizing extension of HFP health service agreements and state-supported service agreements. Ms. Wu made the motion, which was seconded by Mr. Garrison and unanimously adopted by the Board

The Resolution Authorizing Health Plan and State Supported Services Contract Amendments and Extensions can be found here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/agenda_item_11.d_Health_&_SSS_Contract_Extensions.pdf

Other Program Updates

No Other Program Updates were presented to the Board.

ACCESS FOR INFANTS AND MOTHERS (AIM) UPDATE

Enrollment Report

Carol Massey-McCants presented Agenda Item 12.a, the AIM Enrollment Report. For June 2013, there were 736 new subscribers, bringing the fiscal year-to-date total to 9,416 enrollment and current enrollment to nearly 6,000 subscribers, a modest decrease from last month. No major changes in demographics were reported.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The AIM Enrollment Report is located here:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/12.a._AIM_Enrollment_Report.pdf

Administrative Vendor Performance Report

Ms. Massey-McCants reported on Agenda Item 12.b, the AIM Administrative Vendor Performance Report. The administrative vendor met all performance standards for applications, data transmissions and the customer service toll-free line.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The AIM Administrative Vendor Performance Report is located here: http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/12.b._AIM_Admin_Vendor_Performance_Report.pdf

Authorization for Health Plan and State Supported Services Contract Amendments and Extensions

Chairman Allenby said a motion was needed to approve the resolution included in Agenda Item 12.c, authorizing the extension of health plan service agreements and state-supported service agreements. Ms. Wu made the motion, which was seconded by Mr. Garrison and unanimously adopted by the Board.

The Resolution Authorizing Health Plan and State Supported Services Contract Amendments and Extensions can be found here: http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_071713/agenda_item_12.c_AIM_Contract_Extensions.pdf

The meeting was adjourned at 11:52 a.m.